U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 123 L	2. Fiscal Year Covered From:			
	[] / [] / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name JOHN WOYAK	Name JOHN FENLACIKI			
	Labor Organization File Number 54-305 + CALL ELAINE REES NATIONAL OFFICE			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7 2064 C+Y -T	Street 35W343 Elmwwd Aug			
City & CUSTER	City St. Charles			
State Uis ZIP Code + 4 S 4423	State <u>TL</u> ZIP Code + 4 <u>CG/74/</u>			
5. Position in labor organization. VICE GENERAL CHAIRMAN				
· .	• .			
Enter appropriate data below if, during the past liscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State . , ZIP Code + 4				
, Signature ,				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
*Signed John A. Wogel	On# 5-8-06 # 7/5-33/- 22.62 Date Telephone Number			

State of the transfer of the American Land

Form LM-30 (2003)

Name of Person Filing TOKN WOYAK		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busine vely seeking to represent, or directly to, or otherwise			
Name and address of Business (including trade name, if any). Name	9. Business deals with:			
P.O. Box, Bldg., Room No., if any	a. Labor Organiz	ation		
Street City	c. Employer			
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	iling.	· · · · · · · · · · · · · · · · · · ·	
Name	On-the case size		()	
Name	annua an		, is	
Trade Name, if any:	***************************************	•	in the second	
Terrelate - 44 Auto Mille Hills results in June 19 Auto Maria and Maria Antonia Control Andrea Antonia	-		•	
P.O. Box, Bldg., Room No., if any	,			
Street				
The control of the co	11.b. Approximate dollar va	ar value of such dealing.		
City City Company of the Control of	12.a. Nature of interest he	eld or income received.		
State ZIP Code + 4			` » ('	
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			• •	
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	12.b. Amount.			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	MEALS - VA	RIOUS DATES	> .	
Name HOEY-FARINA P.C.	Spouse 8		٠,	
T	MYSELF - 4	84,00		
Trade Name, if any:		•	•	
P.O. Box, Bldg., Room No., if any 200	And a second sec	•	•	
Street 542 S. DEAR BORN	1 1			
State TLLIAGES ZIP Code + 4 60605	A Communication of the Communi		-	

14.b. Amount of payment.

or Consultant $\left[\widetilde{X} \right]$

13.b. Is the Business an Employer

572.00